

City of San José

Adult Basketball

League

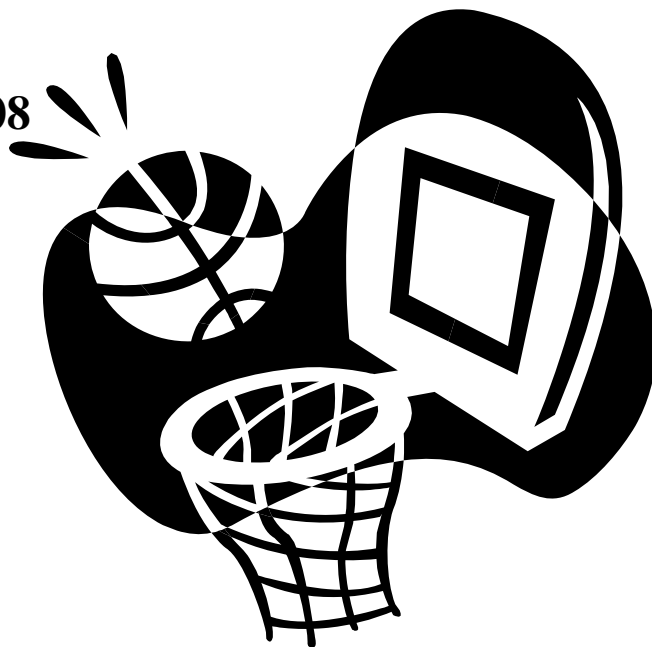
FALL 2008

League Begins: September 15th, 2008

Registration Fee: \$680.00

Registration Includes:

- 8 Game Season
- Referees
- Champion and Runner-Up T-Shirts
- Top 4 Teams Make Playoffs



Registration Dates:

Returning Team (SPRING/SUMMER 2008) Registration – August 11-15, 2008

New Team Registration – August 18-22, 2008

Late Registration* - August 25-29, 2008

*Late Fee – Additional \$10.00, *if space is available.*

All checks made payable to: City of San José

MAIL-IN

Complete Registration
Form and Mail to:
City-Wide Sports
1850 Fallbrook Ave.
San José, CA 95130

WALK-IN

Register at the City-
Wide Sports Office
**BY APPOINTMENT
ONLY**
Call (408) 871-3826

FAX-IN

Complete Registration
Form and fax to:
(408) 871-8165
**Please call to confirm
receipt.**

EMAIL

Complete Registration
Form and email to:
joe.albayalde@
sanjoseca.gov



City- Wide Sports
1850 Fallbrook Avenue
San Jose, CA 95130
(408) 871-3826 tel
(408) 871-8165 fax
www.eteamz.com/sanjose



*Parks, Recreation and
Neighborhood Services*

FALL 2008 BASKETBALL LEAGUE

REGISTRATION FORM

RETURNING TEAM (SPRING/SUMMER 2008) _____ NEW TEAM _____

1 TEAM NAME _____ HOME # _____

2 MANAGER _____ WORK # _____ FAX # _____

3 ADDRESS _____

Number & Street City Zip Code

4 EMAIL ADDRESS _____

5 PICK A DAY YOU WOULD LIKE TO PLAY AND ALTERNATE DAYS (1ST, 2nd, 3rd choice)

MON Rec A___ Rec B___

TUE Rec A___

WED Comp___

THUR Rec B___

Competitive (Comp) is the highest level of play.

Recreational A (Rec A) is the **higher** competitive recreational level of play.

Recreational B (Rec B) is the **lower** competitive recreational level of play.

*League office is not responsible for accommodating teams into a different division, as a result of a league cancellation.

As **MANAGER** of the above named team, I hereby acknowledge and assume responsibility for the payment of all fees three- (3) weeks prior to the start of the league. Failing to do so can result in not being accepted into the league. If fee is paid by company check, **MANAGER** must provide Credit Card # as security deposit.

SIGN BELOW (*This form is not complete without a signature and will not be processed*)

X _____
Signature

Credit Card users: Card Member signature _____ Total \$ _____

X one: **Visa** ___ **MC** ___ **DV** ___

Exp. Date: Month ___ 20 ___ Card # _____

FOR OFFICE USE ONLY

/ / 08
DATE

\$.00
LEAGUE FEE

\$.00
NON-RES FEE

\$.00
\$ RECEIVED

RECEIPT #

NITIALS